RTAP GRANT REQUEST

Name of Transit System/Agency			Federal ID Number		
Complete Mailing Address				Phone Number	
Name	of Person Receiving Training	TRAININ	G REQUESTE	Z D	
Descri	ption of Training (attach announ	ncement)			
Location			Date	Estimated Cost (Minimum of \$100)	
System Manager Signature			RTAP Coordinator Signature		
Check one:		Date	-	Date	
[]	Request \$100.00 to \$2,499.99 (Voucher Method) Mail request at least 15 DAYS prior to the date of training to RTAP Coordinator. Approval is granted when RTAP Coordinator countersigns this request and sends a copy to the requestor. Requests under \$100 are not eligible.				
[]	Request \$2,500.00 to \$3,500.00 (Master Agreement Project Authorization Method) Mail request to RTAP Coordinator at least 90 DAYS prior to the date of training. Approval is granted when the Grant Agreement is issued by M•DOT and sent to the requestor. Preregistration fees for workshops, conferences, college courses, and seminars can be paid by your agency after submittal of this grant request form, but reimbursement from M•DOT will not occur until after the agreement is executed.				
Mail Requests to:		Michiga Passeng P. O. Bo Lansing	Jill Adams, RTAP Coordinator Michigan Department of Transportation Passenger Transportation Division P. O. Box 30050 Lansing, MI 48909 517/373-2051; E-mail adamsji@michigan.gov		

Note: An expense voucher for eligible expenses must be submitted for reimbursement within 60 days <u>after</u> successful completion of the training activity or the request will be canceled and the agency will not be reimbursed for that training.